

CLAIMS ONLY

Application Number

101755083

Filing Date

Applicant(s)

CLAIMS	AMENDMENT		1ST AMENDMENT		2ND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5						
6		/				
7		/				
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49						
50						
Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

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100						
Total Indep	3					
Total Depend	27					
Total Claims	30					